

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, February 22, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Heather M. Prendergast, MD, MS, MPH; and Layla P. Suleiman Gonzalez, PhD, JD (4)

Board Chair M. Hill Hammock (ex-officio) and Director Mary B. Richardson-Lowry

Patrick T. Driscoll, Jr.; Karen Kim, MD; and Patricia Merryweather (Non-Director Members)

Absent: (0)

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer
Valerie Hansbrough, MD – Provident Hospital of Cook County
Jeff McCutchan –General Counsel

Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore Concerned Citizen

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #2)

Dr. Claudia Fegan, Chief Medical Officer, presented the following Stroger Hospital Division Chair Initial Appointments for the Committee's consideration:

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (continued)

Name	Department/Appt Term	Title
Erin Farlow, MD	Surgery 02/22/2019 – 07/21/2020	Division Chair of Vascular Surgery
Mark Mycyk, MD	Emergency Medicine 02/22/2019 – 10/15/2020	Division Chair of Research

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the two (2) proposed Stroger Hospital Division Chair Initial Appointments. THE MOTION CARRIED UNANIMOUSLY.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #3)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, was unable to attend the meeting due to a work-related conflict.

Director Suleiman Gonzalez, seconded by Director Driscoll, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, presented the medical staff matters for the Committee's consideration.

Director Prendergast, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, January 18, 2019

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of January 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and VI

V. Recommendations, Discussion / Information Item**A. Strategic planning discussion: Quality (Attachment #4)**

Dr. Wyatt provided an overview of the presentation, which included information on the following subjects:

- Framework for Governance of Health System Quality
- Zero Preventable Harm, Injury and Death
- Framework for Safety and Reliability
- Impact 2020 – Progress and Updates
- Patient Experience 2018 – Stroger Hospital, Provident Hospital and Ambulatory and Community Health Network of Cook County
- High Reliability Safety Bundle for Everyone
- High Reliability Safety Bundle Curriculum
- Cook County Health (CCH) Healthcare-Associated Infections Reduction Accomplishments, 2018
- Infection Control Surveillance Focus
- CCH Accreditations, Certifications and Designations
- Key Structures and Relationships
- Safety Culture: Built on Trust
- Keys to Success
- Whole System Measurement
- System Quality and Patient Safety Strategy – Checklist
- Quality and Patient Safety Infrastructure
- Intelligence Data Value Chain
- Strategic Planning 2020-2022
- CCH Theory of Change
- Improve the Patient Experience
- Workforce Development
- HPI Plan in 2019
- Six (6) Quality Focus Areas 2019

Dr. John Jay Shannon, Chief Executive Officer, provided information on the work being done by HPI, as referenced on slide 28 of the presentation. CCH has had a three (3) year contract with this group, which is a high reliability and training organization. The first phase of their work involved an assessment of safety events in the organization. The second phase focused on initial training and sensitivity training, the importance of safety event reporting, working on core values, leveling the playing field, and raising awareness and expectations for event reporting. This year, which is the third year of the contract, the work plan will focus on developing specific skills and tools for practices that are likely to enhance both a safety process and also a safe culture. This training will be offered across the entire organization.

Director Driscoll inquired regarding how the administration will measure the success of the plan and whether the results will be shared with the Board. Dr. Wyatt responded that the administration has identified focus areas for quality measurement going into this year and beyond. Under the direction of Dr. Shannon, a steering committee that is co-chaired by Dr. Fegan and Debra Carey, Deputy Chief Executive Officer of Operations, has been established, that has begun to meet and develop quality measurement strategies. Under that steering committee, workgroups have also been established that will report to the steering committee and subsequently to the Board, through the Quality and Patient Safety Committee.

VI. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes
- B. Claims, Litigation and Quality and Patient Safety Matters
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996

The Committee did not recess into a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
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ATTACHMENT #1

QPS Quality Dashboard



February 22, 2019



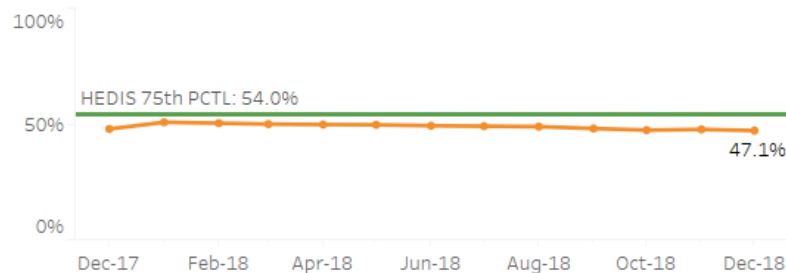


COOK COUNTY HEALTH

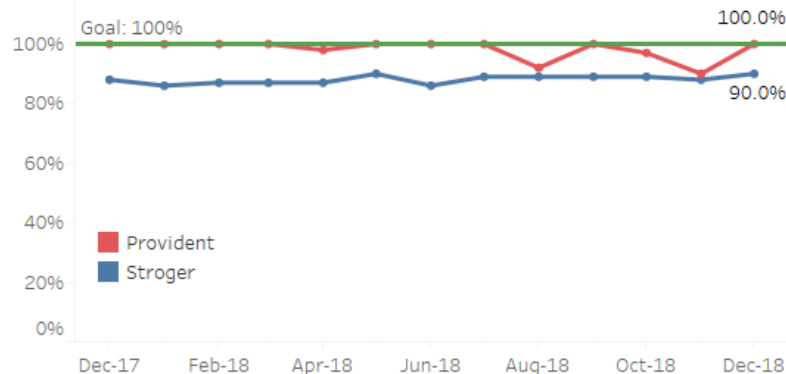
Quality Dashboard
February 22, 2019

Health Outcomes

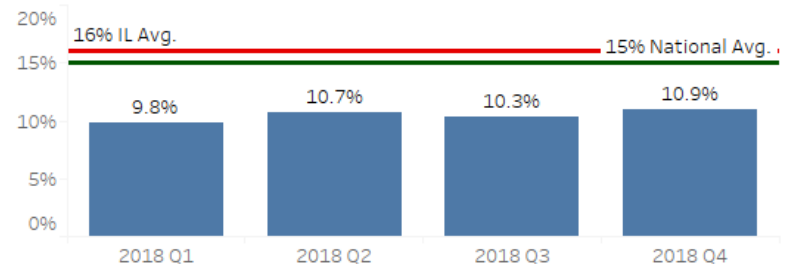
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

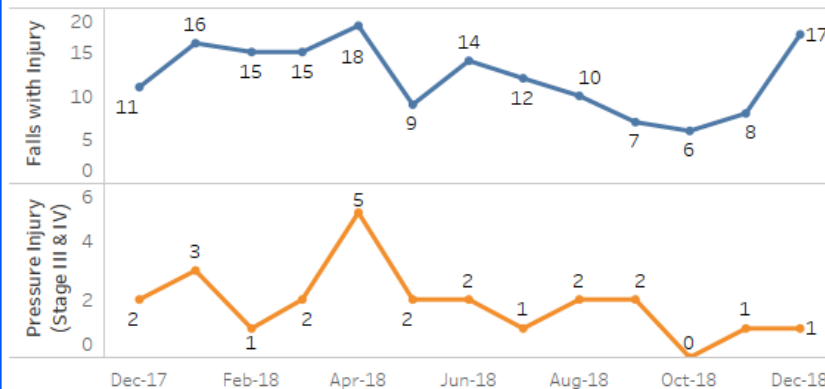


30 Day Readmission Rate

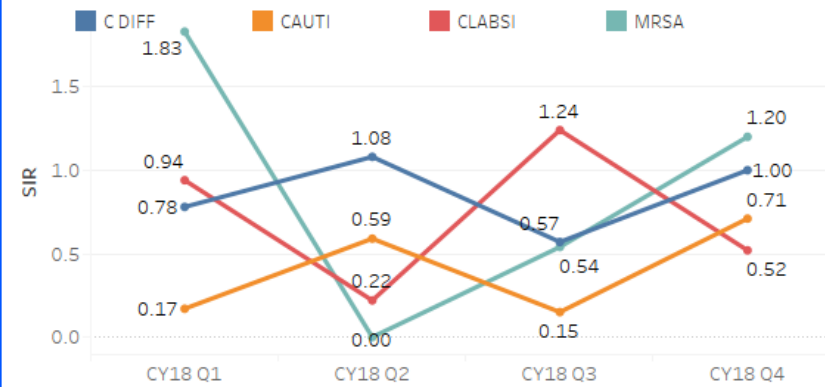


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

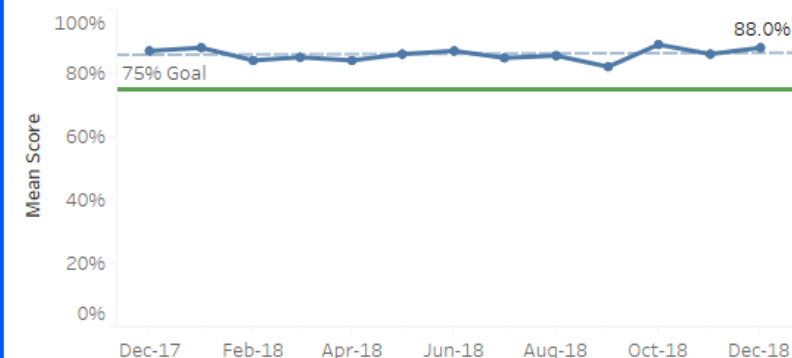


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

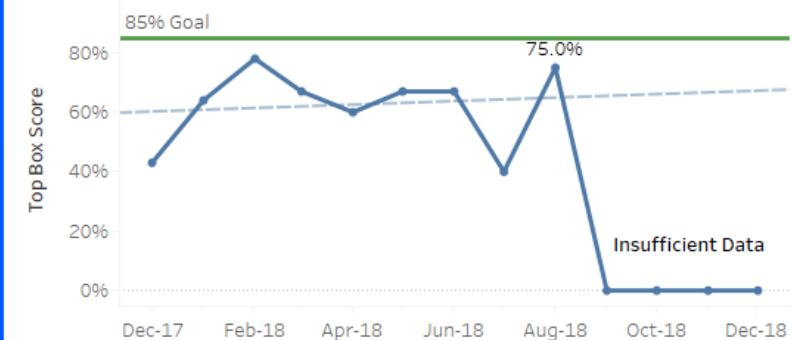
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

Utilization

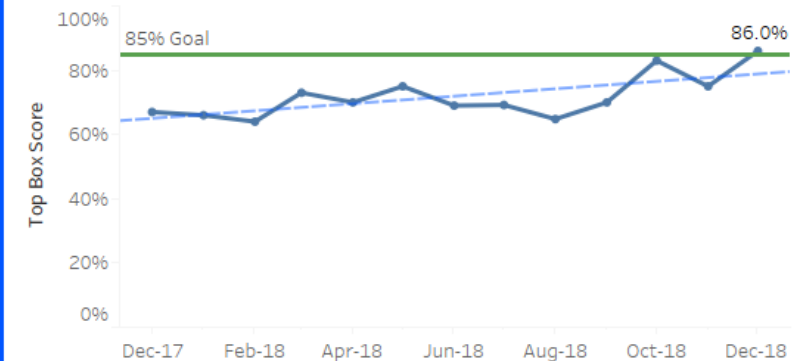
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

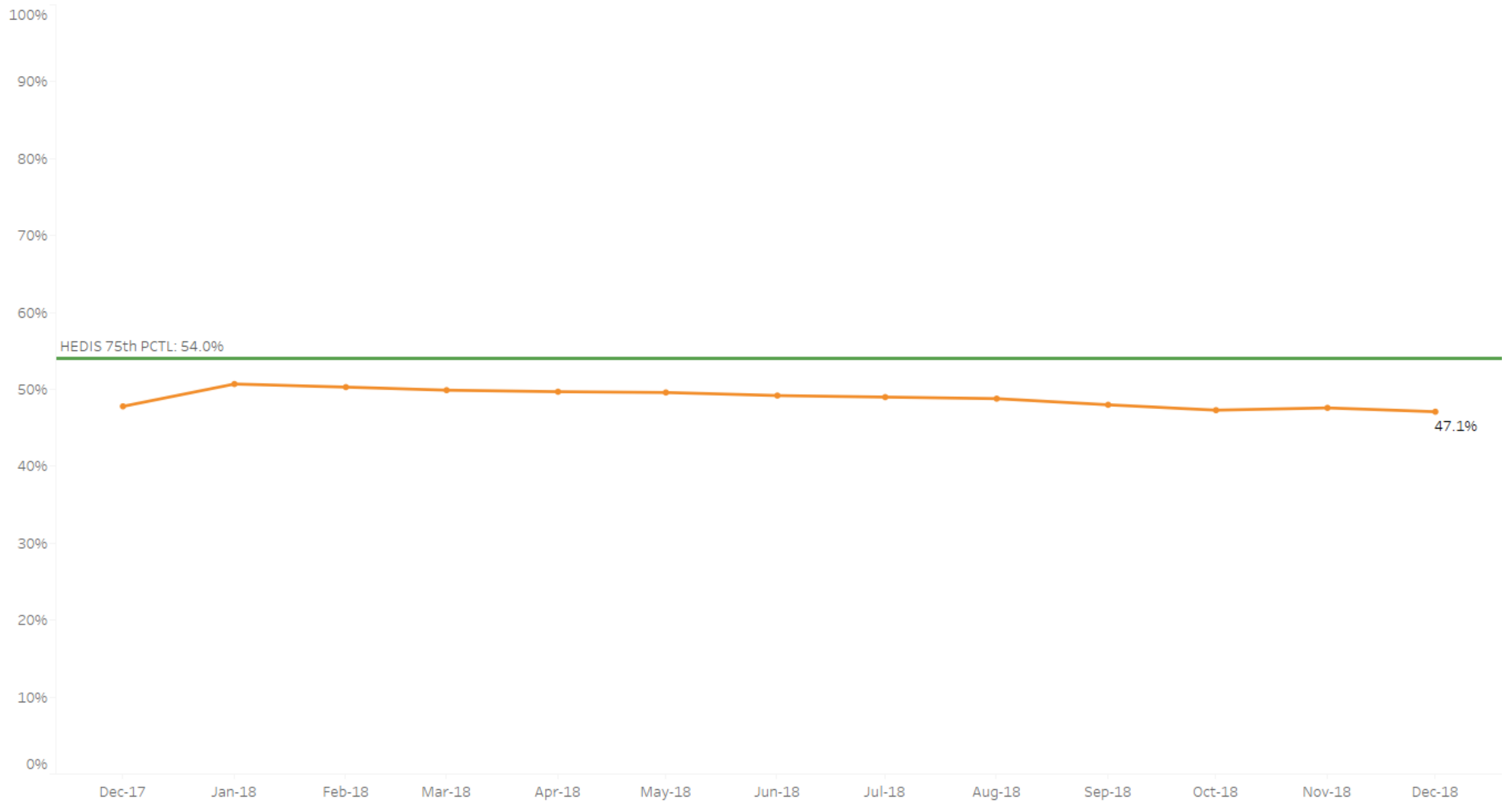


Stroger--Willingness to Recommend Hospital

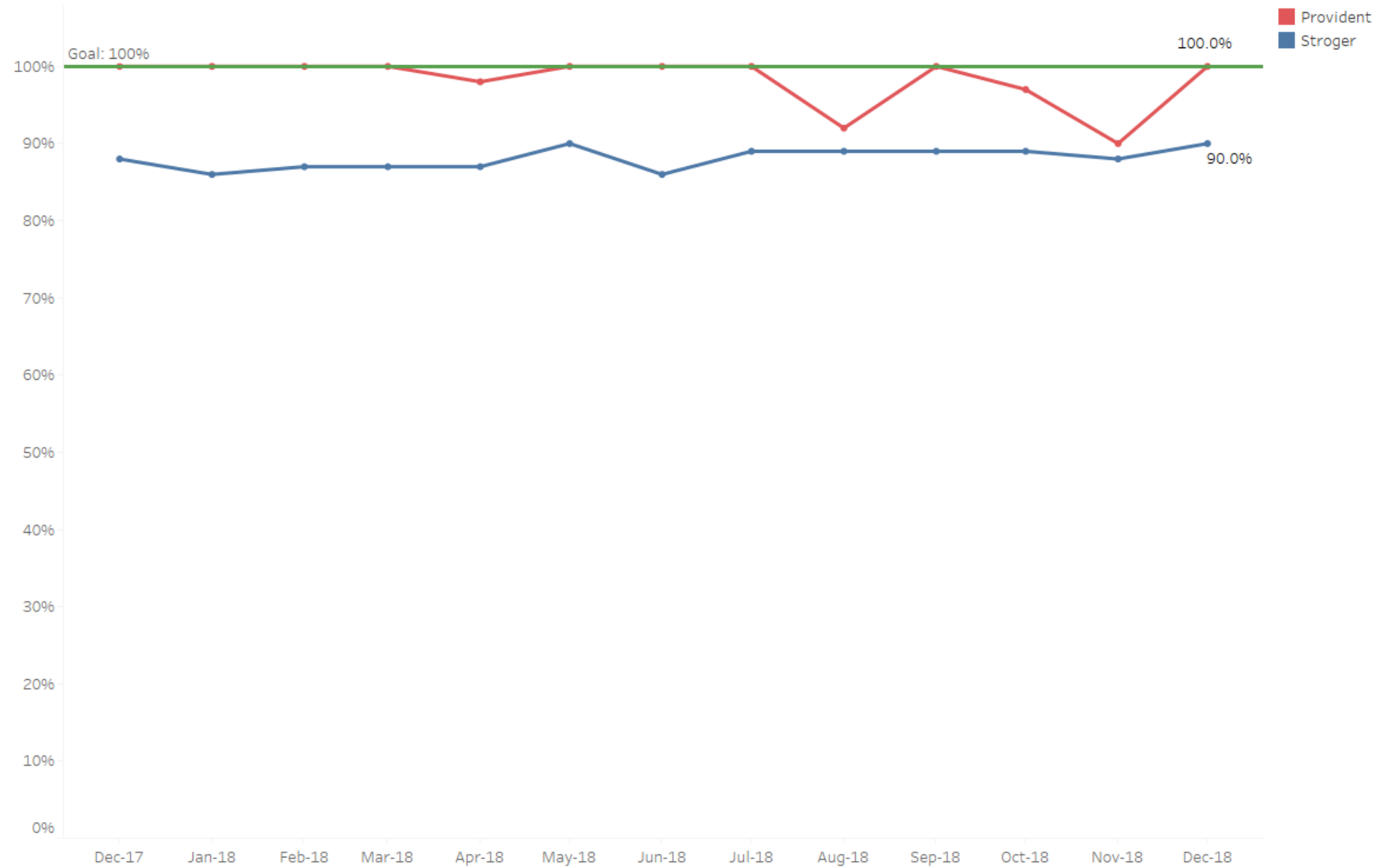


COOK COUNTY HEALTH

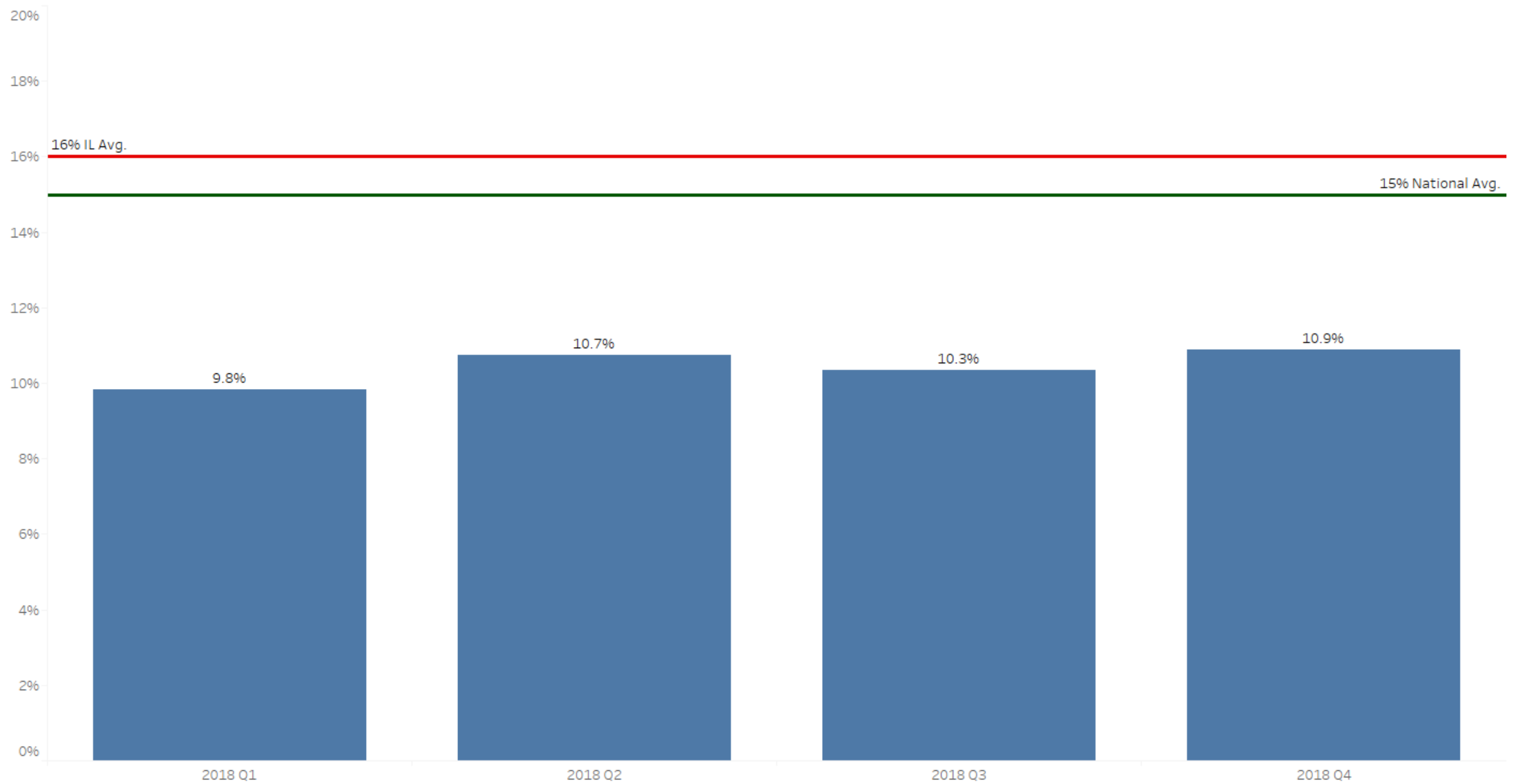
HEDIS - Diabetes Management: HbA1c < 8%



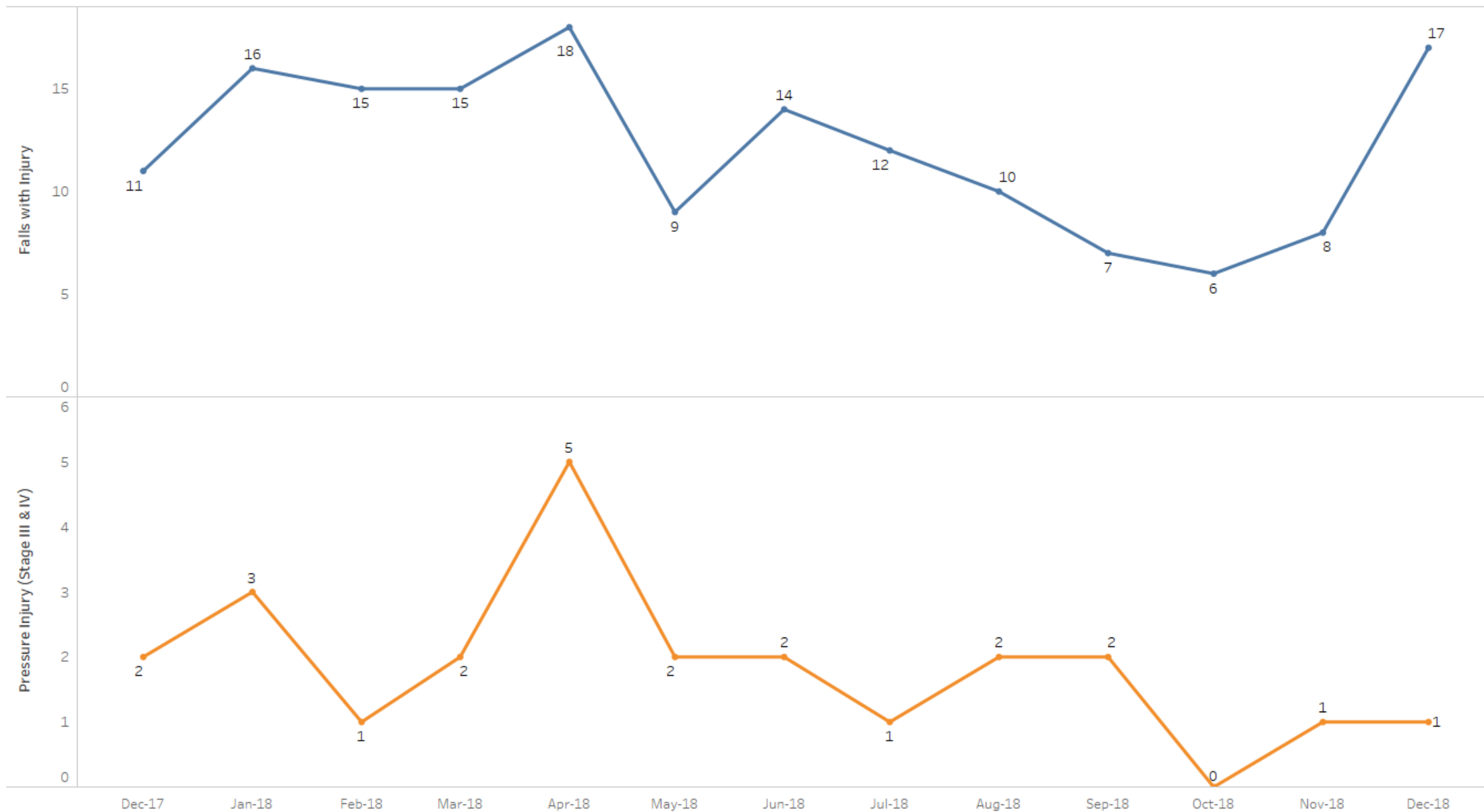
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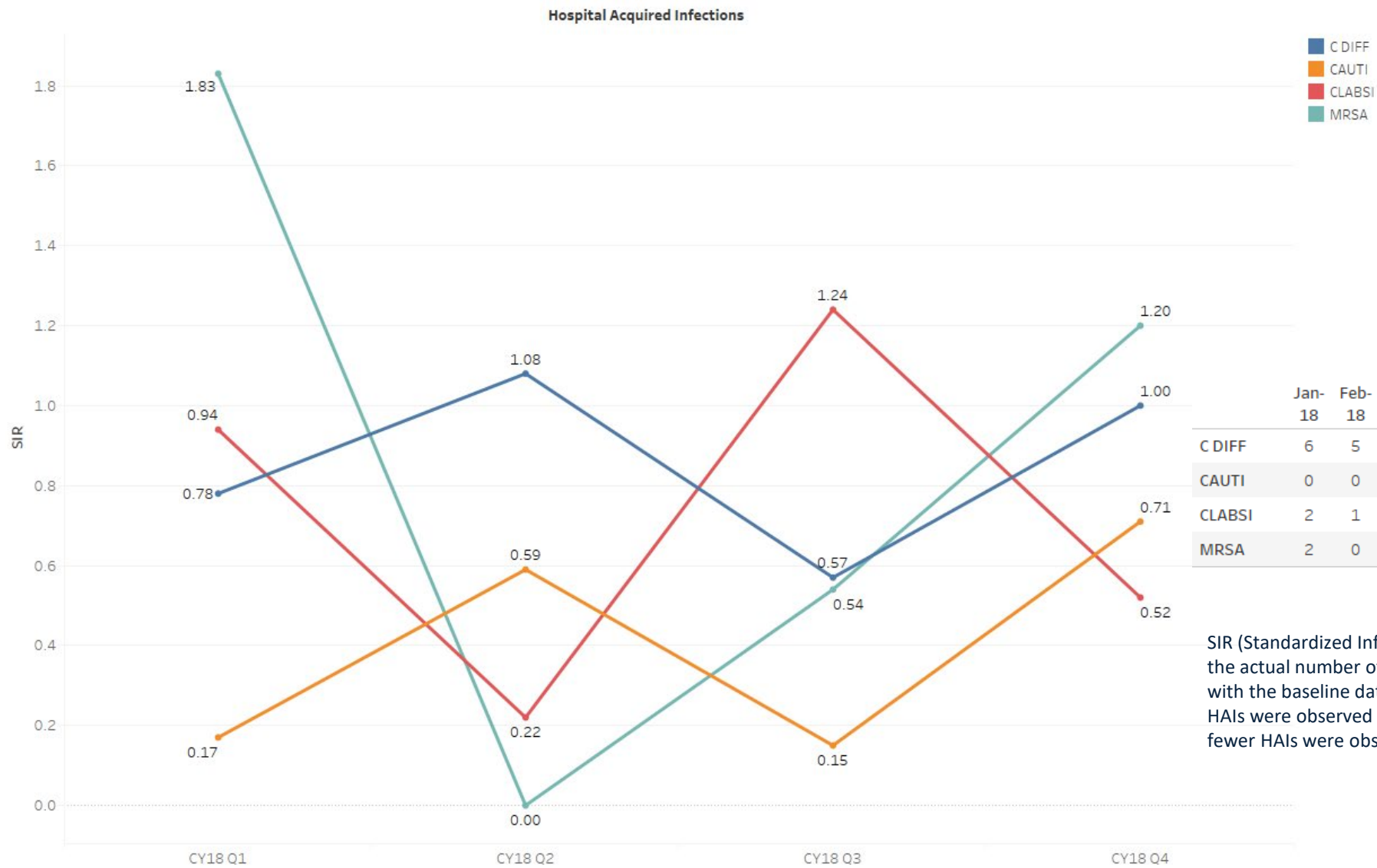


30 Day Readmission Rate



Hospital Acquired Conditions

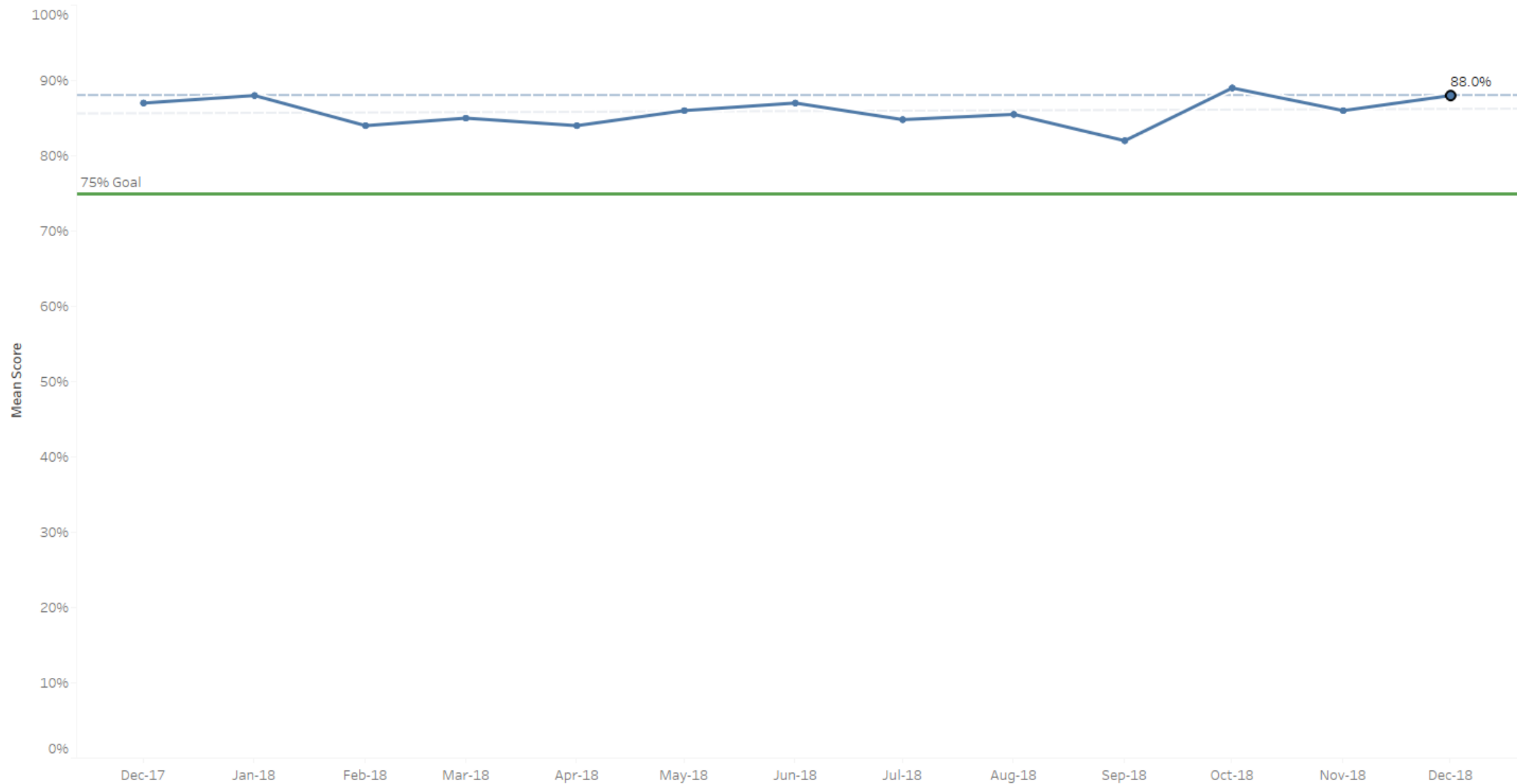




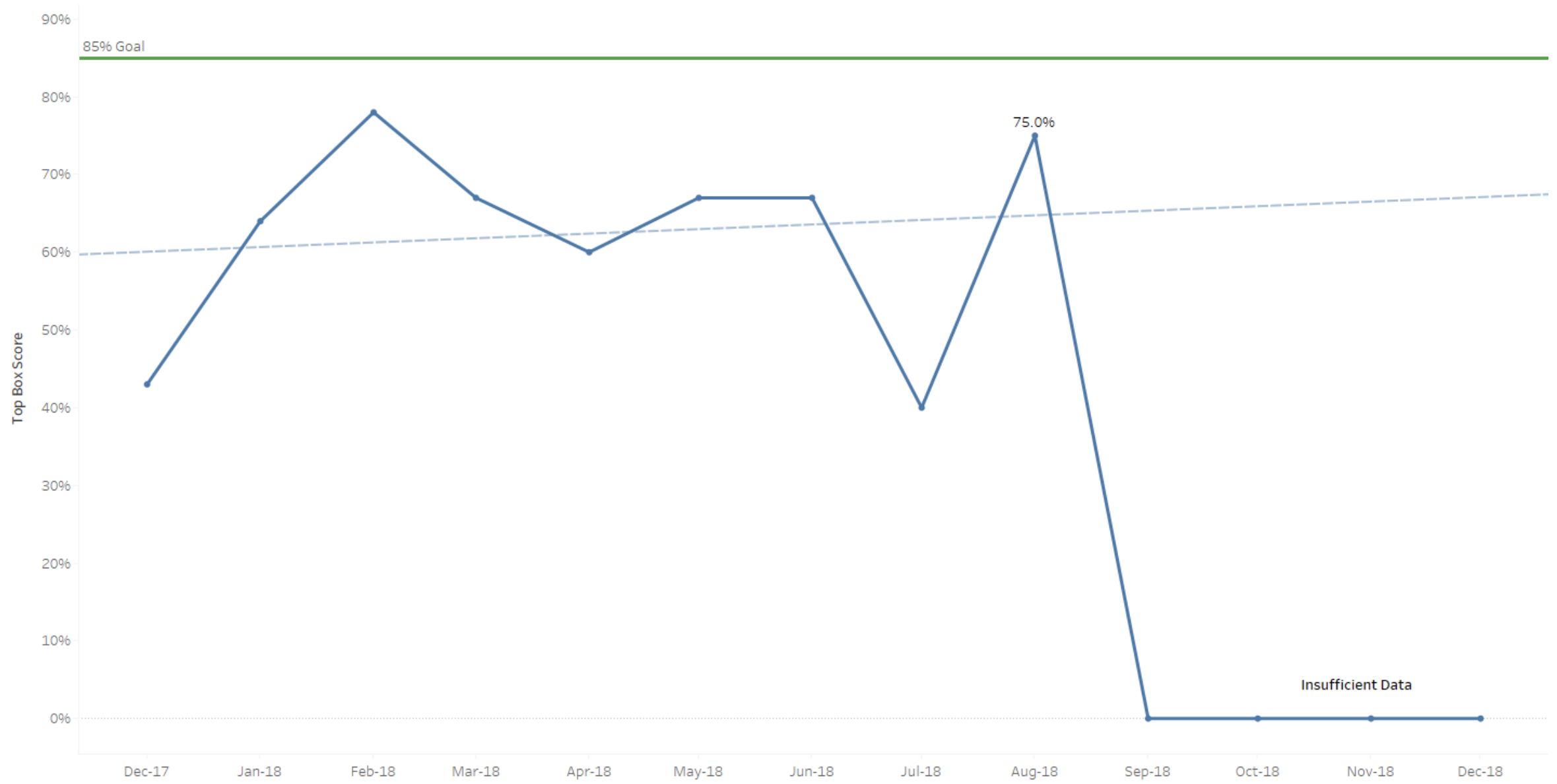
	Hospital Acquired Infections											
	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
C DIFF	6	5	2	6	11	4	5	4	2	10	4	4
CAUTI	0	0	1	1	2	1	0	1	0	0	1	3
CLABSI	2	1	1	0	1	0	2	3	0	0	0	2
MRSA	2	0	1	0	0	0	0	1	0	0	1	0

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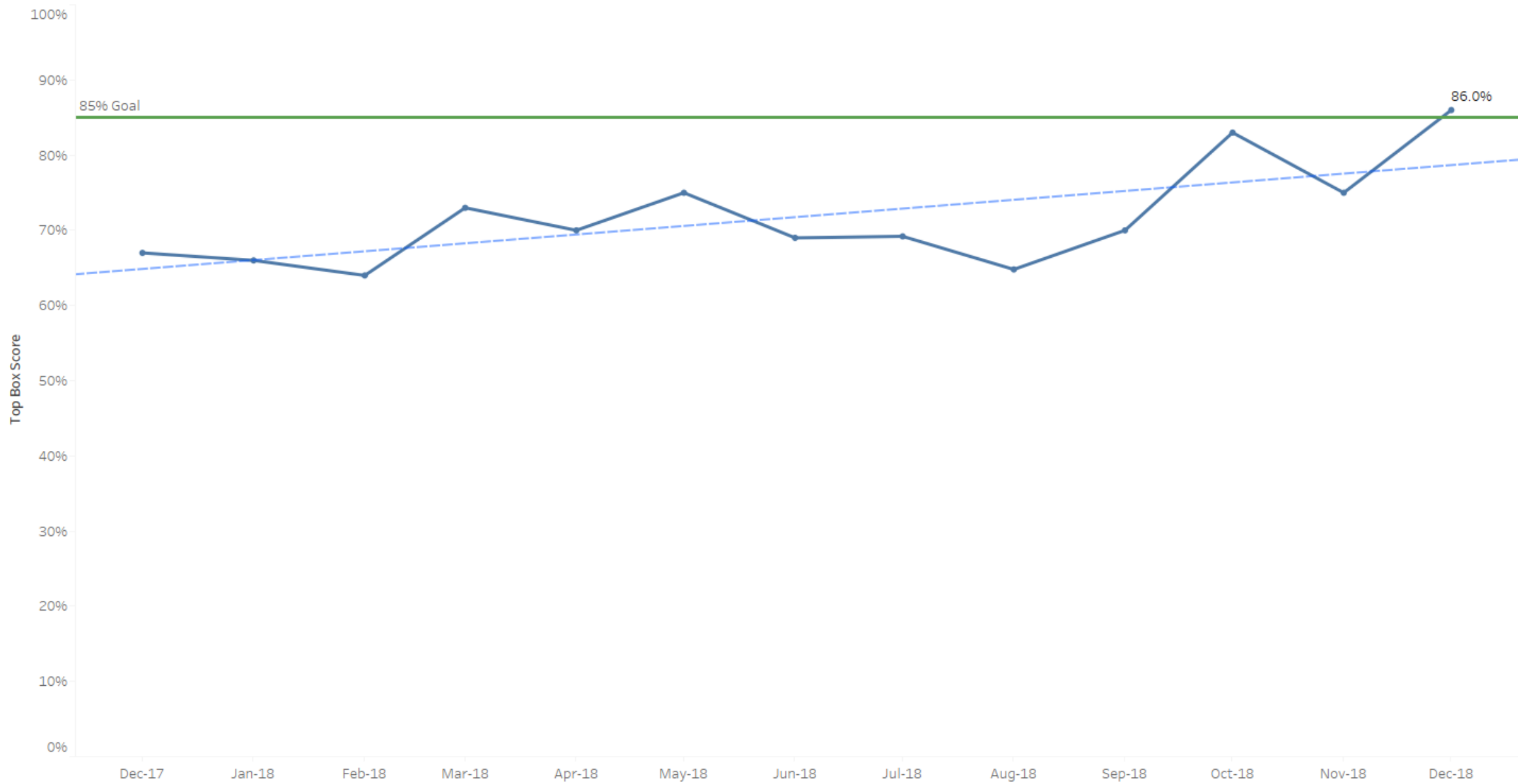
CCHC--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital



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ATTACHMENT #2

Meeting of the Cook County Health and Hospitals System

February 22, 2019

Back-Up Material for Item No. ,

Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Initial appointment of the following individuals as Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Erin Farlow, MD	Surgery 02/22/2019 – 07/21/2020	Division Chair of Vascular Surgery
Mark Mycyk, MD	Emergency Medicine 02/22/2019 – 10/15/2020	Division Chair of Research

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ATTACHMENT #3



**COOK COUNTY
HEALTH**



Toni Preckwinkle
President, Cook County Board of Commissioners
John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: February 20, 2019

Dear Members of the Quality and Patient Safety Committee of
the CCH Board,

Please be advised that the Executive Medical Staff Committee
of John H. Stroger Jr., Hospital of Cook County, approved the
attached list of medical staff action items Tuesday, February
19, 2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective February 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

Initial Applications Physicians:

Name	Category	Department / Division	Appointment Term
Counard, Catherine, MD	Honorary	Medicine/Preventive Medicine	February 22, 2019 through February 21, 2021
Cuevas-Nunez, Maria C., DMD	Active	Surgery/Oral & Maxillofacial	February 22, 2019 through February 21, 2021
Menon, Shreevidya, DO	Consulting	Emergency Medicine	February 22, 2019 through February 21, 2021
Parker, Maura, DDS	Active	Oral Health	February 22, 2019 through February 21, 2021
Wright, Aisha MD	Active	Family Medicine	February 22, 2019 through February 21, 2021
Jones, Angell, MD	Voluntary	Surgery/General Surgery	February 22, 2019 through February 21, 2021

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 22, 2019

Reappointment Applications Physicians:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Ragheb-Mueller, Nawal DO	Active		April 21, 2019 through April 20, 2021
Tymouch, Jaroslav MD	Active		March 18, 2019 through March 17, 2021

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Doyle, David DPM	Active	Med/Surg	March 24, 2019 through March 23, 2021

Department of Emergency Medicine:
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Name	Category	Division	Reappointment Term
Denison, Shalako MD	Consulting		April 21, 2019 through April 20, 2021
Hoffman, James Patrick MD	Active		April 21, 2019 through April 20, 2021
Kim, Theresa MD	Consulting		April 21, 2019 through April 20, 2021
Palter, Joseph MD	Active		April 17, 2019 through April 16, 2021

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Sweder, Thomas MD	Active		March 17, 2019 through March 16, 2021

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Department of Medicine			
Name	Category	Division	Reappointment Term
Krantz, Anne, MD	Affiliate	Internal Medicine	March 18, 2019 through March 17, 2021
Siwy, Grazyna, MD	Active	Internal Medicine	March 18, 2019 through March 17, 2021

Department of Oral Health:			
Name	Category	Division	Reappointment Term
Ligas, Erik DDS	Active		April 21, 2019 through April 20, 2020

Department of Pediatrics:			
Name	Category	Division	Reappointment Term
Davis, Vanessa MD	Active	Endocrinology	March 14, 2019 through March 13, 2021

Department of Surgery:			
Name	Category	Division	Reappointment Term
Grevious, Mark, MD	Active	Plastic Surgery	April 27, 2019 through April 26, 2021
Lazarro, Gianluca, MD	Active	Surgical Oncology	April 27, 2019 through April 26, 2021

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Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Baluka, Stephanie, PA-C	Physician Assistant	Medicine/General Medicine	February 22, 2019 through February 21, 2021
Obaseki, Ray MSN	Nurse Practitioner	Pediatrics	February 22, 2019 through February 21, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Flucker, Venita PA-C	Physician Assistant	Ob/Gyn	Inactivate pending EHS approval - February 22, 2019 through February 21, 2021
Powell, Tracy E., CCP	Perfusionist	Surgery/Cardiothoracic	April 21, 2019 through April 20, 2021
Sikora-Jackson, Ann, PA-C	Physician Assistant	Emergency Medicine	April 28, 2019 through April 27, 2021
Sillitti, Romita Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	February 22, 2019 through February 21, 2021
Sweis, Gries Psy.D.	Clinical Psychologist	Correctional Health/Psychiatry	March 24, 2019 through March 23, 2021
Seaman, Lisa Lac	Acupuncturist	Pain Management	March 24, 2019 through March 23, 2021

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APPROVED**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 22, 2019**

Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

February 8, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on February 8, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

DR. Valerie Hansbrough / 

Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Valerie Hansbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 2/8/2019

Medical Staff Appointments/Reappointments Effective February 22, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Donelson, Debbie, MD	Active	Family Medicine	February 22, 2019 thru February 21, 2021

New Business

Reappointment Applications Physicians:			
Department of Anesthesiology:			
Name	Category	Department/Specialty	Appointment Term
Ragheb-Mueller, Nawal E., DO	Affiliate	Anesthesiology	May 19, 2019 thru May 18, 2021
Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Plamoottil, Issac, DO	Active	Emergency Medicine	April 15, 2019 thru April 14, 2021

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Roskam, Stephen, DO	Active	Emergency Medicine	April 14, 2019 thru April 13, 2021
Wakim, Pierre, DO	Active	Emergency Medicine	April 21, 2019 thru April 20, 2021

Department of Family Medicine:

Name	Category	Department/Specialty	Appointment Term
McPherson, Julita, MD	Active	Family Medicine	March 24, 2019 thru March 23, 2021

Department of Internal Medicine:

Name	Category	Department/Specialty	Appointment Term
Brahmbhatt, Manish, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Bressler, Joy, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Clapp, William, MD	Affiliate	Internal Medicine	March 18, 2019 thru March 17, 2021
Davidovich, Michael, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Imran, Muhammed, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Irons, Sharon, MD	Affiliate	Internal Medicine	March 24, 2019 thru March 23, 2021
Lee, Jhee, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Peart, Malaika, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Rohr, Louis, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Rogers, Susan, MD	Voluntary	Internal Medicine	April 21, 2019 thru April 20, 2021
Shim, Kyungran, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021
Tanwar, Sonia, MD	Affiliate	Internal Medicine	April 21, 2019 thru April 20, 2021

Department of OB/GYN:

Name	Category	Department/Specialty	Appointment Term
Patel, Ashlesha, MD	Affiliate	OB/GYN	April 21, 2019 thru April 20, 2021

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Department of Psychiatry:			
Name	Category	Department/Specialty	Appointment Term
Sweis, Giries, Psy.D.	Clinical Psychologist	Psychiatry	March 24, 2019 thru March 23, 2021

Provisional To Full:

Name	Department/ Division	Recommendation
Gross, Israel, PhD	Psychiatry	Approved.
McPherson, Julita, MD	Family Medicine	Approved.
Nauman, Ahmad, MD	Internal Medicine	Approved.
Solari, Hugo MD	Psychiatry	Approved.
Sweis, Giries Psy.D.	Psychiatry	Approved.

CCHHS

APPROVED
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE
 ON FEBRUARY 22, 2019

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ATTACHMENT #4

Strategic Planning Quality

Ronald M. Wyatt, MD MHA

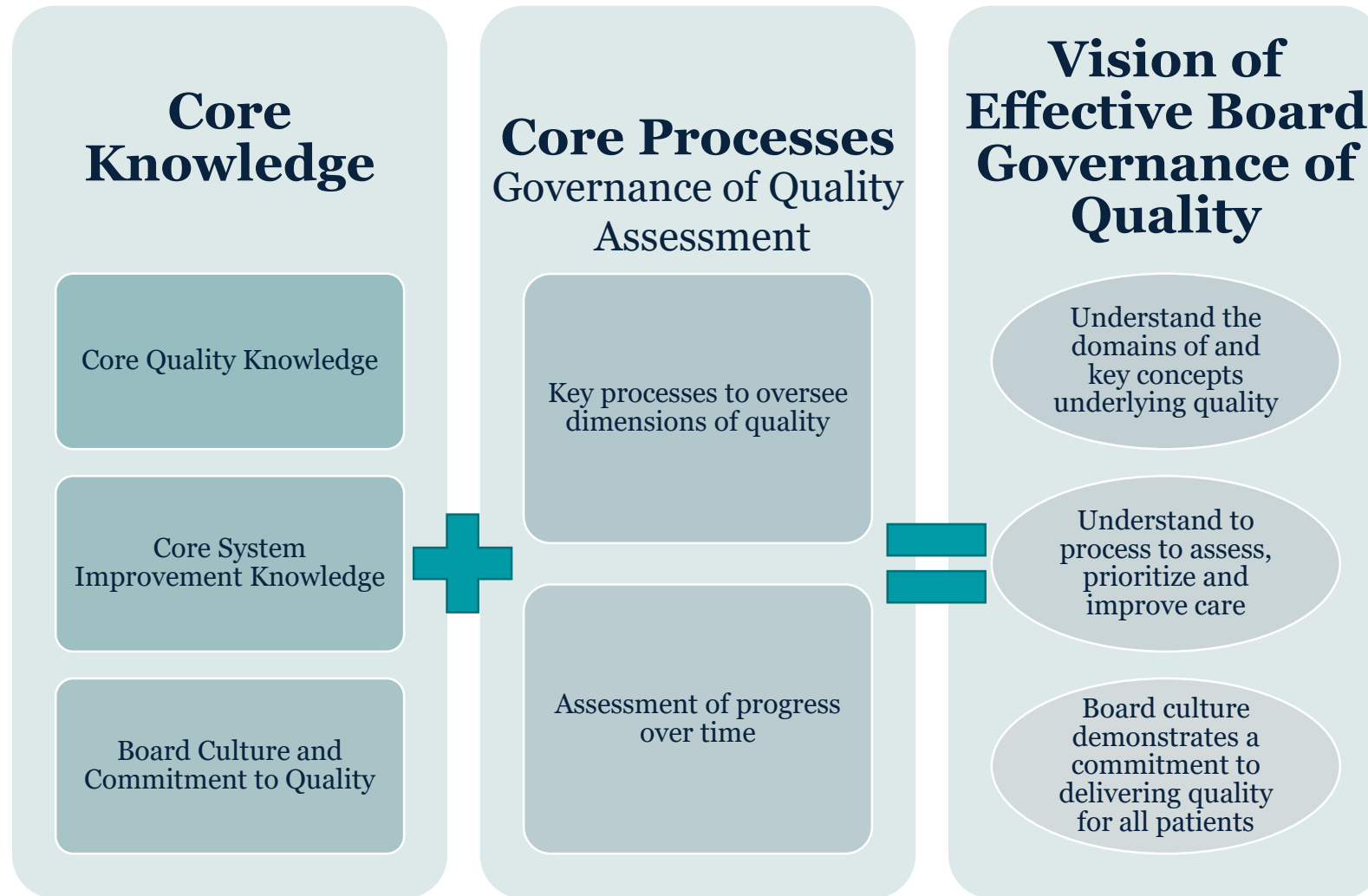
Chief Quality Officer

February 22, 2019



COOK COUNTY
HEALTH

Framework for Governance of Health System Quality





ZERO PREVENTABLE HARM, INJURY AND DEATH



A Framework for Safety and Reliability



- Has patient care been safe in the past?
- Are our clinical systems and process reliable?
- Is care safe today?
- Will care be safe in the future?
- Are we responding and improving?

Vincent C. *Patient safety*. 2nd ed. Chichester: John Wiley and Sons; 2010.

Impact 2020

Progress & Updates

Focus Area	Name	Status
Deliver High Quality Care	Implement standard methodologies for process improvement	In Progress
Deliver High Quality Care	Leverage Quality Committees in performance improvement	Ongoing
Deliver High Quality Care	Implement best practices to enhance patient experience	In Progress
Deliver High Quality Care	Event reporting improvements	In Progress
Deliver High Quality Care	Patient safety huddles	Substantially Complete

Impact 2020

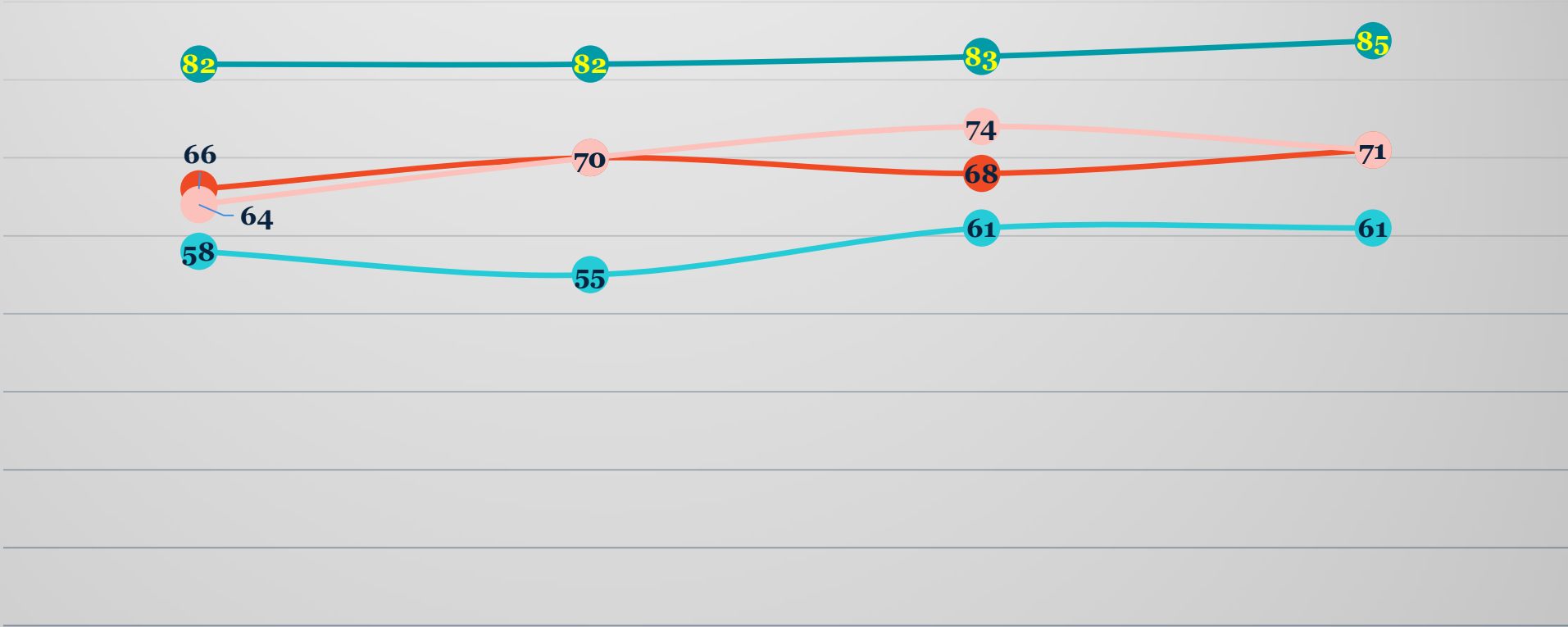
Progress & Updates

Focus Area	Name	Status
Deliver High Quality Care	Staff and Leadership Training in High Reliability	Complete
Deliver High Quality Care	Improve cultural competency through communication	In Progress
Deliver High Quality Care	Measure Patient Perception of Cultural Competence	In Progress
Grow to Serve and Compete	Pursue additional accreditations	In Progress
Deliver High Quality Care	Conduct event review for litigation	Ongoing

Patient Experience 2018

Stroger Hospital

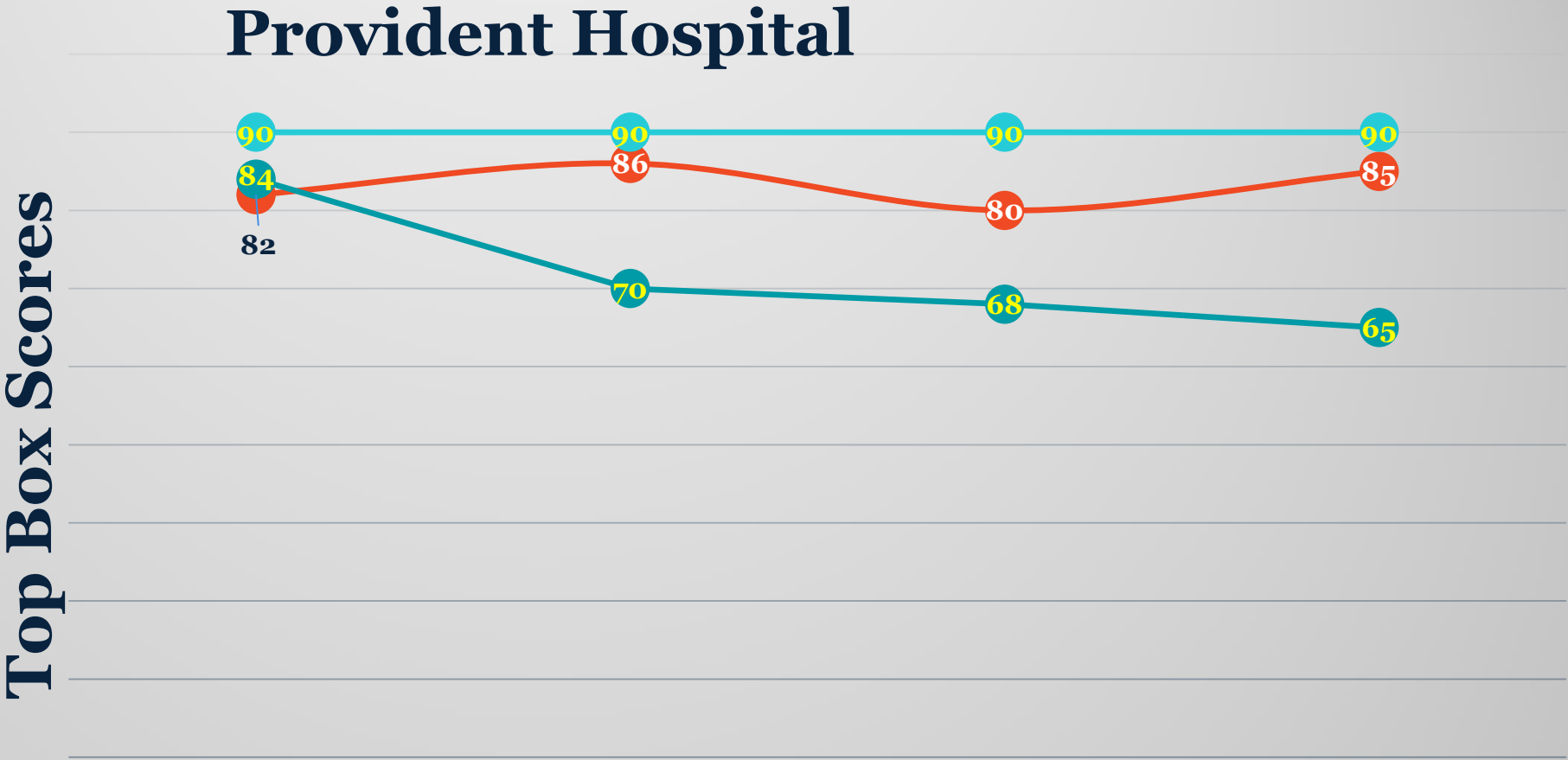
Top Box Score



Physician Communication	82
Nurse Communication	66
Cleanliness	58
Willing to recommend	64

Qtr 1	Qtr 2	Qtr 3	Qtr 4
82	82	83	85
66	70	68	71
58	55	61	61
64	70	74	71

Patient Experience 2018

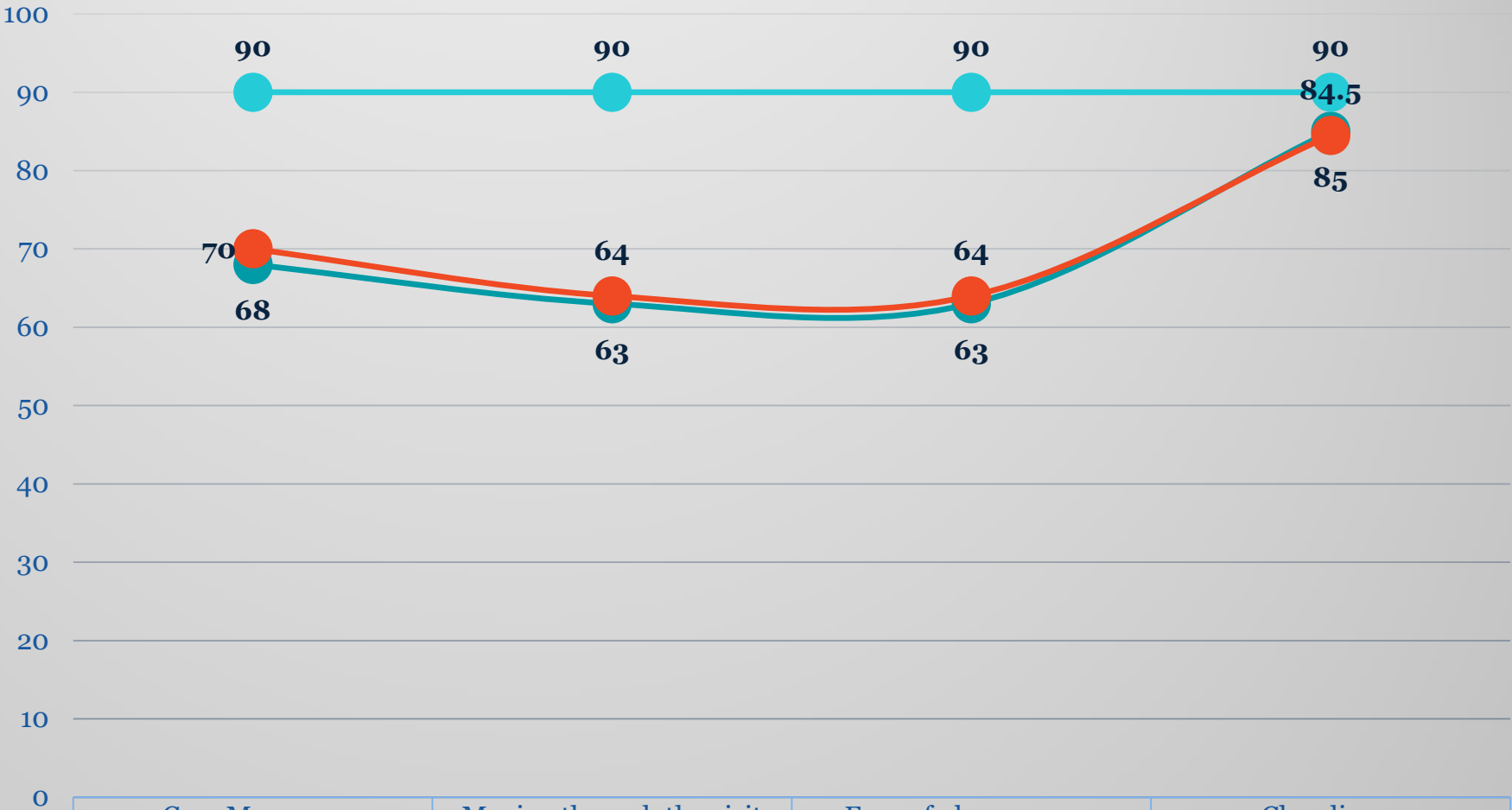


	Doctors Global	Nurse Global	Cleanliness Patient Room	Willing to Recommend
Jul-Dec	82	86	80	85
Target Score (at 90th Percentile)	90	90	90	90
Jan-Jun	84	70	68	65

Patient Experience 2018

Top Box Score

ACHN

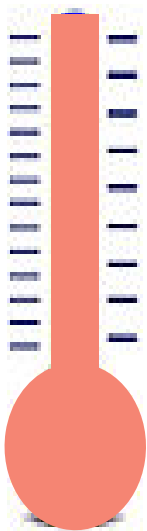


Jan-Jun	Core Measures	Moving through the visit	Ease of phone access	Cleanliness
Jul-Dec	68	63	63	85
Target Mean Score (at 90th percentile)	70	64	64	84.5
	90	90	90	90

High Reliability Safety Bundle for Everyone

All staff training May 29, 2018 thru November 30, 2018
at Stroger, Provident, Oak Forest and Cermak

2018 Training Stats:



99.6% of CCH staff, total of 6460 completed training.

- 4223 at Stroger
- 608 at Cermak
- 541 at Oak Forest
- 450 at Provident
- 290 at ACHN Health Centers
- 348 Leadership Bundle & Error Prevention Tools

4 Hours Training

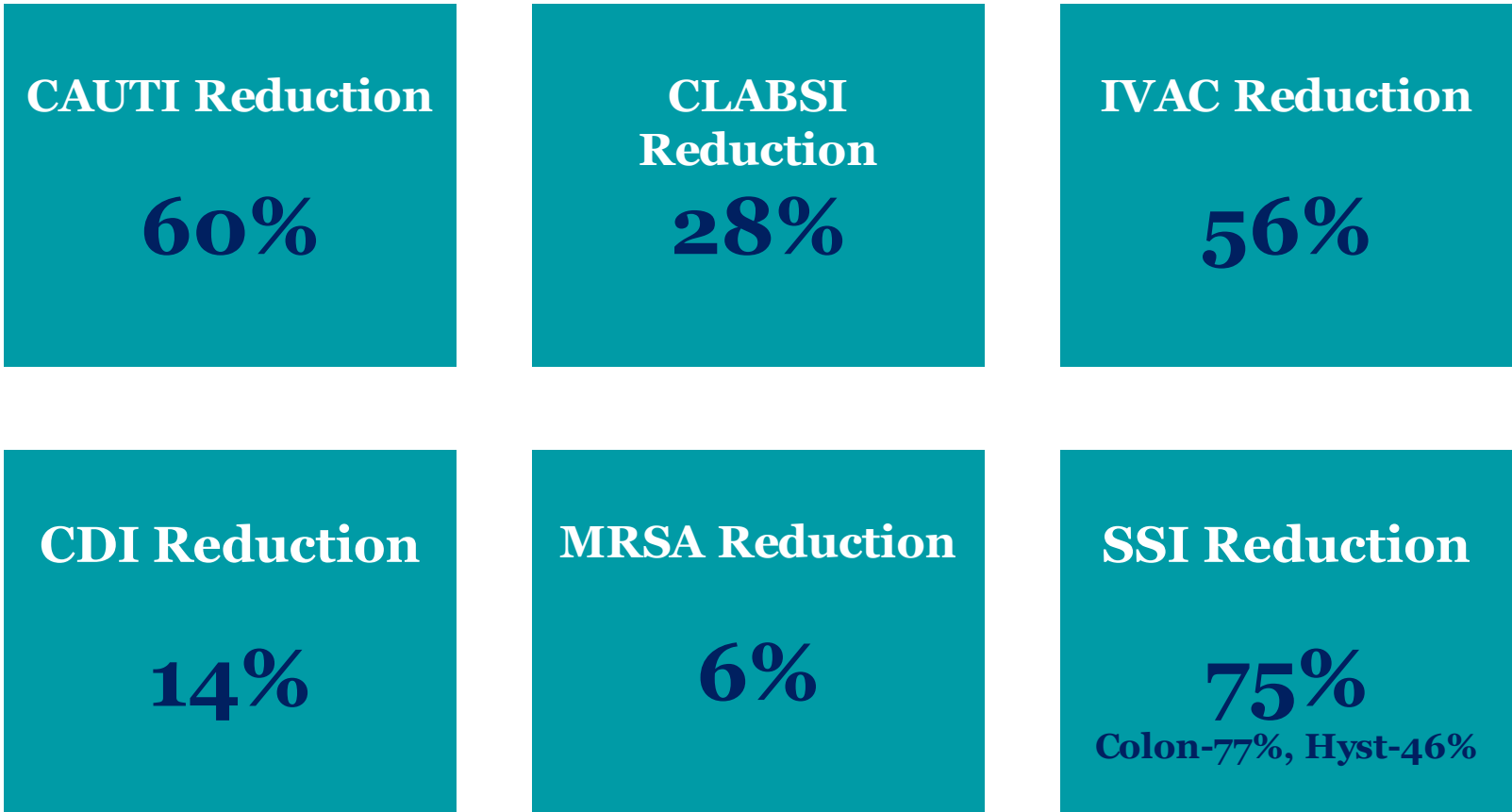
* Beginning January 2019 monthly class offering for new employees, coordinated by Human Resources.

High Reliability Safety Bundle Curriculum

	Behaviors	Tools
1	Pay Attention to Detail	<ul style="list-style-type: none"> Self-Check using “STOP, Think, Act, Review” (STAR)
2	Communicate Clearly	<ul style="list-style-type: none"> Package using “Situation, Background, Assessment, Recommendation” (SBAR) ...” <i>May I have that in an SBAR?</i> 3-Way Repeat Backs & Read Backs ...” <i>Let me repeat that back to you.</i>” Phonetic and Numeric clarification Clarifying Questions ...” <i>Let me ask a clarifying question.</i>”
3	Think with a Questioning Attitude	<ul style="list-style-type: none"> Validate and Verify Know Why and Comply
4	Support Each Other	<ul style="list-style-type: none"> Peer Checking ...” <i>Thanks for saying something</i> Peer Coaching using 5:1 Feedback
5	Speak-Up for Safety	<ul style="list-style-type: none"> Escalate using “Ask, Request, Concern, Chain of Command” (ARCC) ...” <i>I have a Safety Concern</i>” Event Reporting



CCH Healthcare Associated Infections Reduction Accomplishment, 2018



CAUTI Catheter-Associated Urinary Tract Infection
CLABSI Central Line-Associated Blood Stream Infection
IVAC Plus Infection-Related Ventilator Associated Complication & Possible Ventilator-Associated Pneumonia
CDI *Clostridium difficile* Infection (Hospital-Onset)
MRSA Methicillin Resistant *Staphylococcus aureus* (Hospital-Onset Bacteremia)
SSI Surgical Site Infection (Overall, Deep Infections, 2018-Q1-Q3)
(Open Heart, Colon, C. section, Hysterectomy, Hip & Knee Replacements)



Infection Control Surveillance Focus

CAUTI

- Feedback to leadership/units, patient education
- Daily assessment of catheter need
- Use all-in-one kit, bladder scanner, CHG bath

CLABSI

- Feedback to leadership/units, patient education
- Daily assessment of central line need
- Use all-in-one kit, restrict access, CHG bath, scrub hub

CDI

- Feedback to leadership/units, patient education
- Bleach use, disposable toilet brush
- Automated isolation orders, daily CDI report to EVS/Nursing
- Antimicrobial Stewardship

MRSA

- Feedback to leadership/units, patient education
- Cleaning/disinfection, use dedicated equipment
- Automated isolation and screening orders
- Infection control monitoring , CHG bath

SSI

- Feedback to leadership/units, patient education
- Cleaning, disinfection, sterilization, and storage oversight
- CHG bath and skin prep, skin closure tray and PPE change
- Eliminate immediate use sterilization, enhanced surveillance

CAUTI
CLABSI
IVAC Plus
CDI
MRSA
SSI

Catheter-Associated Urinary Tract Infection
Central Line-Associated Blood Stream Infection
Infection-Related Ventilator Associated Complication & Possible Ventilator-Associated Pneumonia
Clostridium difficile Infection (Hospital-Onset)
Methicillin Resistant *Staphylococcus aureus* (Hospital-Onset Bacteremia)
Surgical Site Infection (Overall, Deep Infections, 2018-Q1-Q3)
(Open Heart, Colon, C. section, Hysterectomy, Hip & Knee Replacements)



COOK COUNTY
HEALTH

CCH Accreditations, Certifications and Designations

John H. Stroger, Jr. Hospital

The Joint Commission (TJC) Accreditation	Health Information Management Systems Level 7 Acute and Ambulatory Certification
TJC Primary Care Medical Home Certification	Commission On Dental Accreditation- Oral Maxillofacial Surgery
TJC Advanced Primary Stroke Disease Specific Certification	Illinois Emergency Management Agency Certification- Radiology
IDPH Illinois Administrative Perinatal Center	American College of Radiology Accreditation
IDPH Perinatal Level III Designation	College of American Pathologist Laboratory Accreditation
IDPH Level I Pediatric Trauma Center Designation	Federal Drug Administration- Blood Bank Certification
IDPH Level I Trauma Designation	Commission on Cancer Accreditation
American Burn Association Accreditation	American Academy of Sleep Medicine Accreditation

CCH Accreditations, Certifications and Designations

Provident Hospital

The Joint Commission (TJC) Accreditation

Illinois Emergency Management Agency
Certification - Radiology

TJC Primary Care Medical Home Certification

American College of Radiology Accreditation

American Academy of Sleep Medicine Accreditation

College of American Pathologist Laboratory
Accreditation

Correctional Health

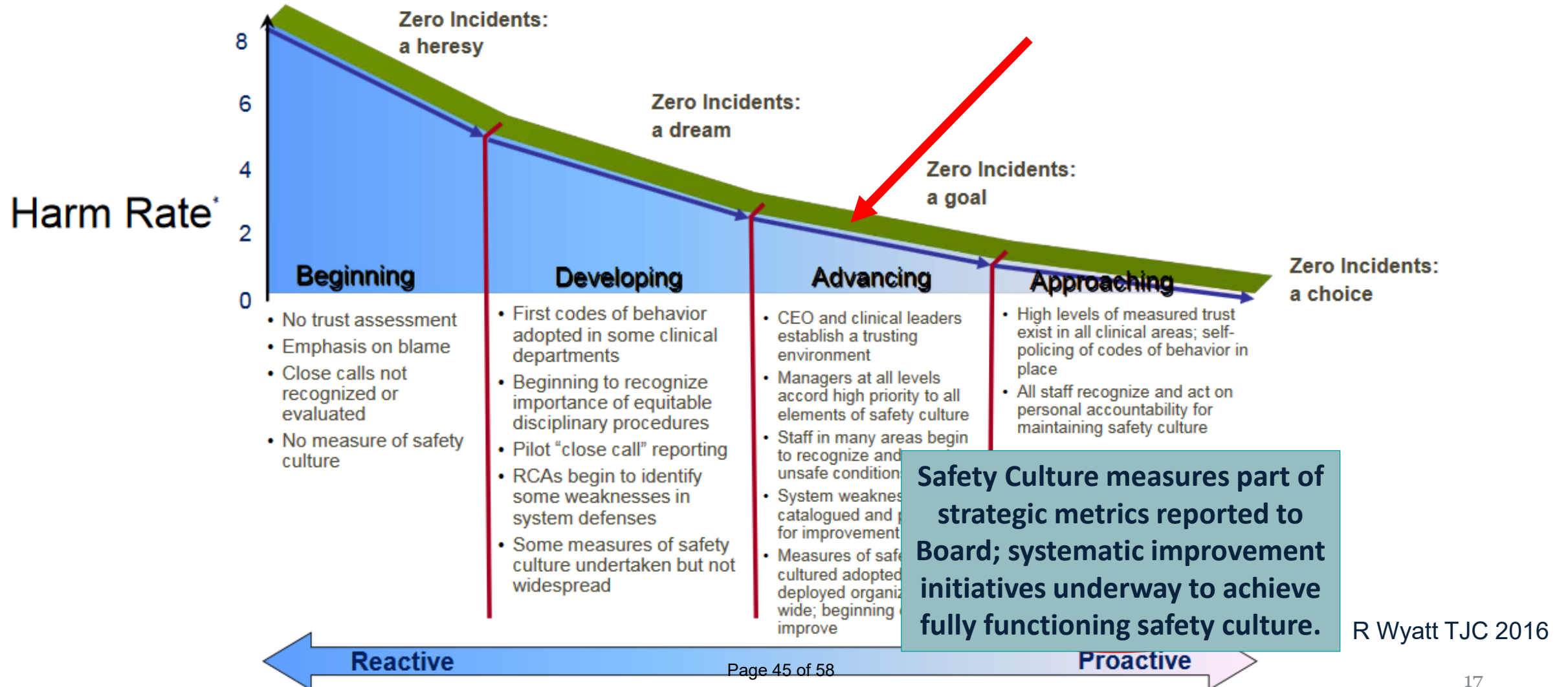
Cermak- State Opiate Treatment Authority, Division of
Substance Use Prevention and Recovery, IDHS

National Commission on Correctional Health Care , Juvenile
Detention Center

Key Structures and Relationships



Safety Culture: Built on Trust



Keys to Success



Systems Approach

The approach to reduce harm must be integrated and implemented at the system level.



Culture Counts

Health systems and organizations must truly prioritize quality and safety through an inspiring vision and positive reinforcement, not through blame and punishment.



Patients as True Partners

Healthcare organizations must involve patients and staff in safety as part of the solution, not simply as victims or culprits.



Bias toward action

Interventions should be based on robust evidence. However, when evidence is lacking or still emerging, providers should proceed with cautious, reasoned decision-making rather than inaction

Whole System Measurement

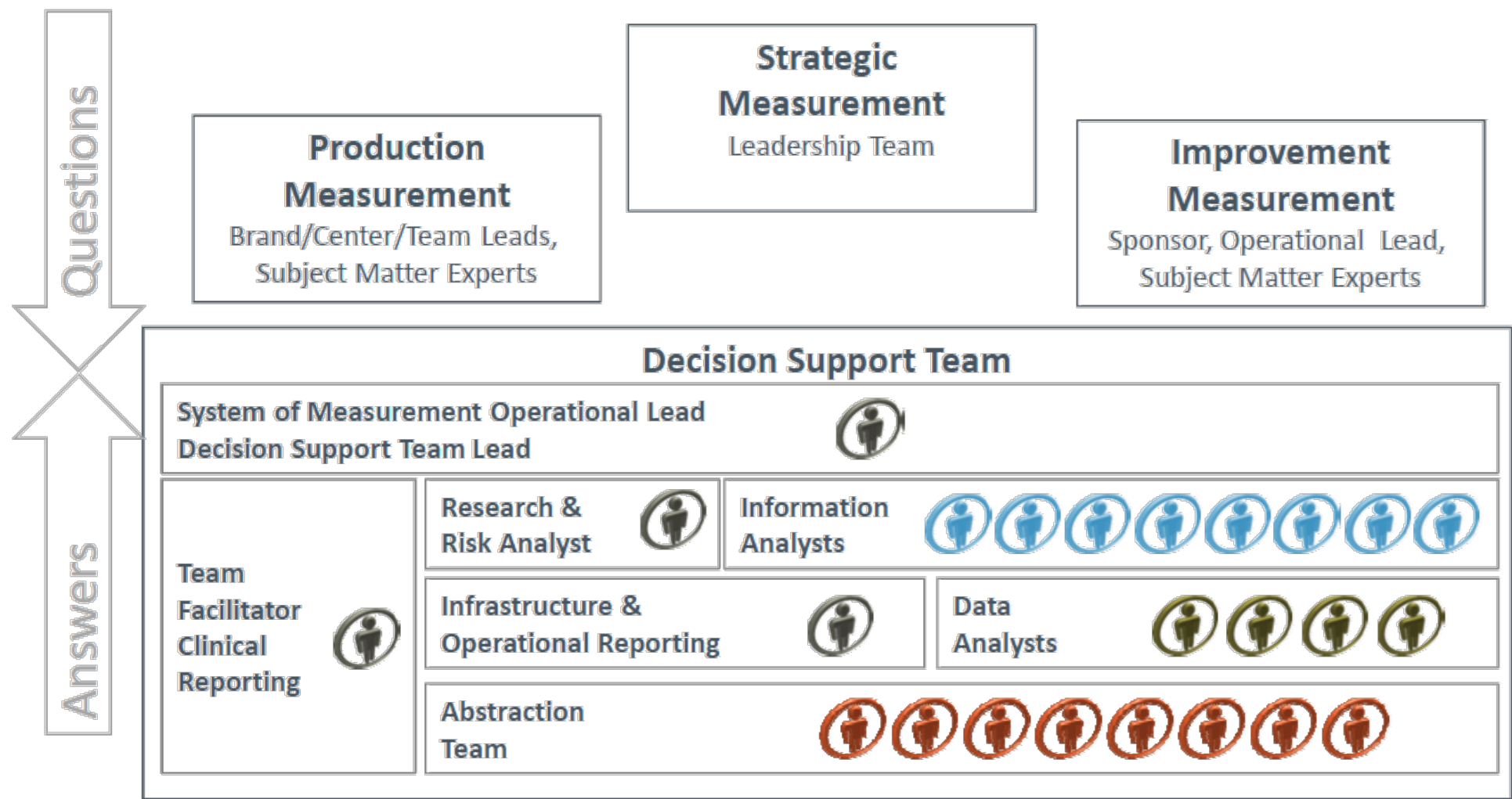
Sepsis	Fall with injury	Urinary tract infection	Aspiration pneumonia
Risk of Mortality	CLABSI	Poor Glucose Control	C. difficile
GI Hemorrhage	MRSA	Ventilator Associated Pneumonia	30 day avoidable readmission
Aspirin on arrival with AMI	ED wait time/LWOT	VTE prophylaxis	Pressure ulcer

System Quality and Patient Safety Strategy Checklist

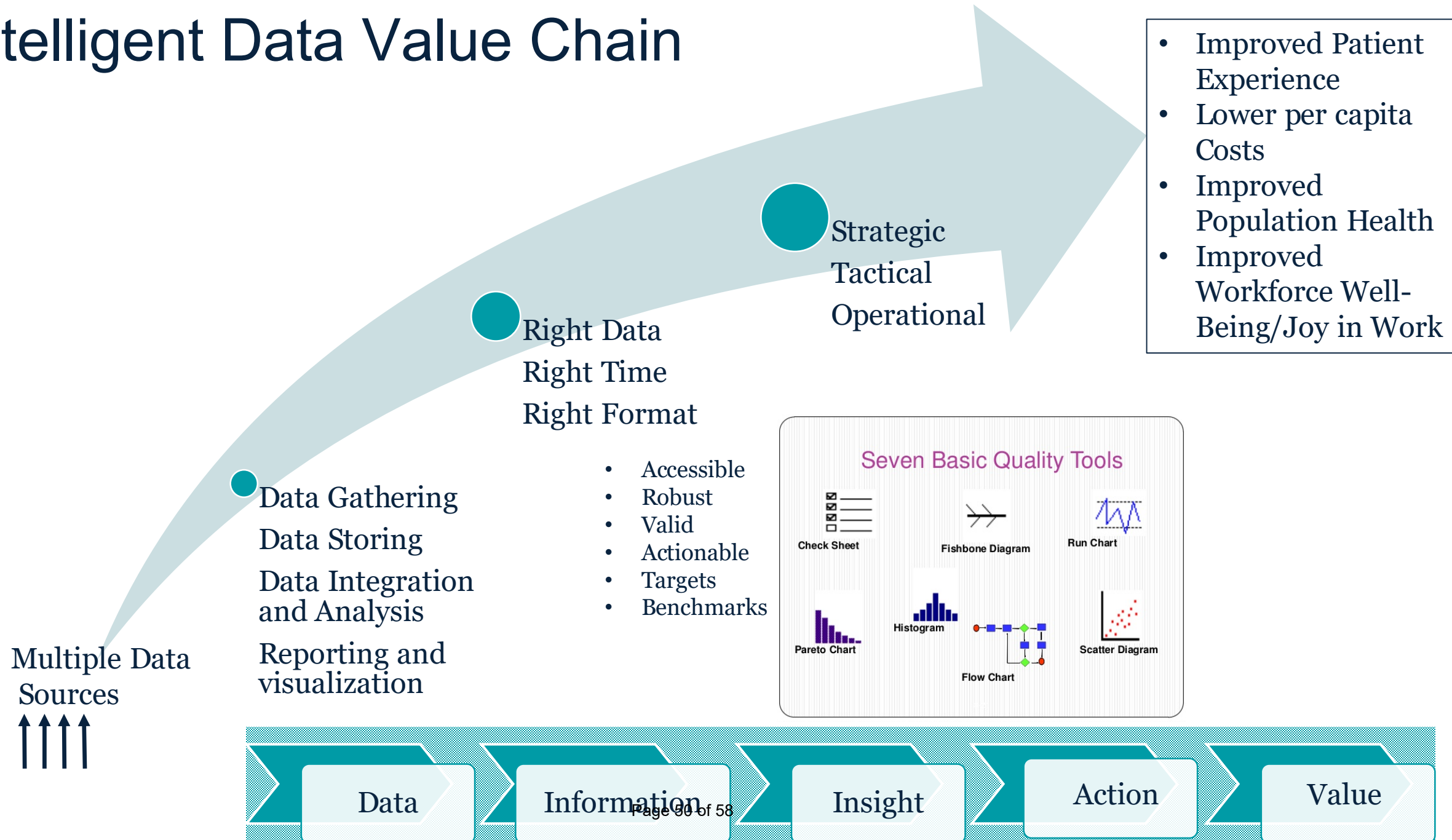
Alignment

- ☐ Structure – leadership – governance
- ☐ Reporting system (incidents, adverse events, near misses)
- ☐ Institutional Risk Management System
- ☐ Resources (investment, operations)
- ☐ Protocols - guidelines
- ☐ Patient engagement
- ☐ Safety culture
- ☐ Measurement - quantification
- ☐ Improvement interventions
- ☐ Research and education

Quality and Patient Safety Infrastructure



Intelligent Data Value Chain



Strategic Planning 2020-2022



COOK COUNTY
HEALTH

Cook County Health Theory of Change

Model for Improvement



What changes will we make that will result in improvement?

PLAN	DO	STUDY	ACT
Lower Per Capita Costs	<ul style="list-style-type: none"> Value/Efficiency Decrease variation Expense management Financial Results Per capita costs 	<ul style="list-style-type: none"> Community health status (fair/poor) ED utilization Readmission rate Per capita cost Total revenue Value based revenues 	<ul style="list-style-type: none"> Business intelligence e.g. quality indicators Drive innovative solutions Create communication strategies Create brand clarity
Population Health	<ul style="list-style-type: none"> Understand the population e.g. disease rates Establish goals for the population Production system designed for the population Focus on process and outcomes e.g. QLY, Life expectancy, Health risk assessment. 	<ul style="list-style-type: none"> Value based quality achievement Adjusted mortality rate Avoidable patient harm rate Patient experience and clinical quality scores 	<ul style="list-style-type: none"> Address social determinants of health Activate the population Build population health competencies Build and maintain key partnerships
Improve Patient Experience	<ul style="list-style-type: none"> Know who the patient is Care for the patient/family first Do not hurt the patient Do not make the patient wait and do not delay care 	<ul style="list-style-type: none"> Patient Satisfaction Survey System is safe, effective, patient centered, timely, equitable, and efficient 	<ul style="list-style-type: none"> Know each individual Create compassionate customer driven experience Create cultural alignment around the customer-driven experience
Work Force Wellness and Joy in Work	<ul style="list-style-type: none"> Safe work environment Attract and retain employees Joy and Meaning in work Remove intimidating behavior 	<ul style="list-style-type: none"> Employee engagement Clinical staff engagement Culture survey scores Employee turnover rates Work place injury rates 	<ul style="list-style-type: none"> Clinical Staff structure Clinical staff education/training on the IHI Model for Improvement

Improve the Patient Experience

PLAN	DO	STUDY	ACT
<p>Continue to track 4 Key Process indicators. Top Box targets are 90th percentile performance.</p> <ul style="list-style-type: none"> Percentile Ranking is compared to entire Press Ganey database (2,326 hospitals in calendar 2018) Next steps: 2019 <ul style="list-style-type: none"> ➤ Design Patient & Family Advisory Council (PFAC) ➤ Support new Patient Experience Work Group ➤ Collaborate on two QI pilot projects 	<ul style="list-style-type: none"> Continue to distribute patient survey and comment data Continue to extend access to Press Ganey website via individual staff set-up Provide content expertise on patient/family experience improvement Initiate QI pilots and PFAC formation Transfer Customer Service Training to HR Dept. (completed to 6,157 staff (98%) through Dec. 2018) 	<ul style="list-style-type: none"> Continue to monitor patient survey data and support tactics leading to improvements in patient experience. Use QI pilots to escalate culture transformation and individual behavior change. Collect data to assess efficacy of change management efforts. With other unit and site leaders, amplify quality improvement by “Spreading” successful strategies across the enterprise. 	<ul style="list-style-type: none"> Use data to spur tactic selection to improve experience – move from data to action. Use “co-creation” of improvement strategies and support project leadership in units, departments and sites. Provide requested coaching and mentoring toward the goals of improvement and accountability. <p>Harmonize:</p> <ul style="list-style-type: none"> Quality medical care Safety for patients and staff Experience enhancement Staff engagement Patient/family engagement

Workforce Development

Operationalizing and Reinforcing
Leader Methods

Reinforcing Safety Behaviors

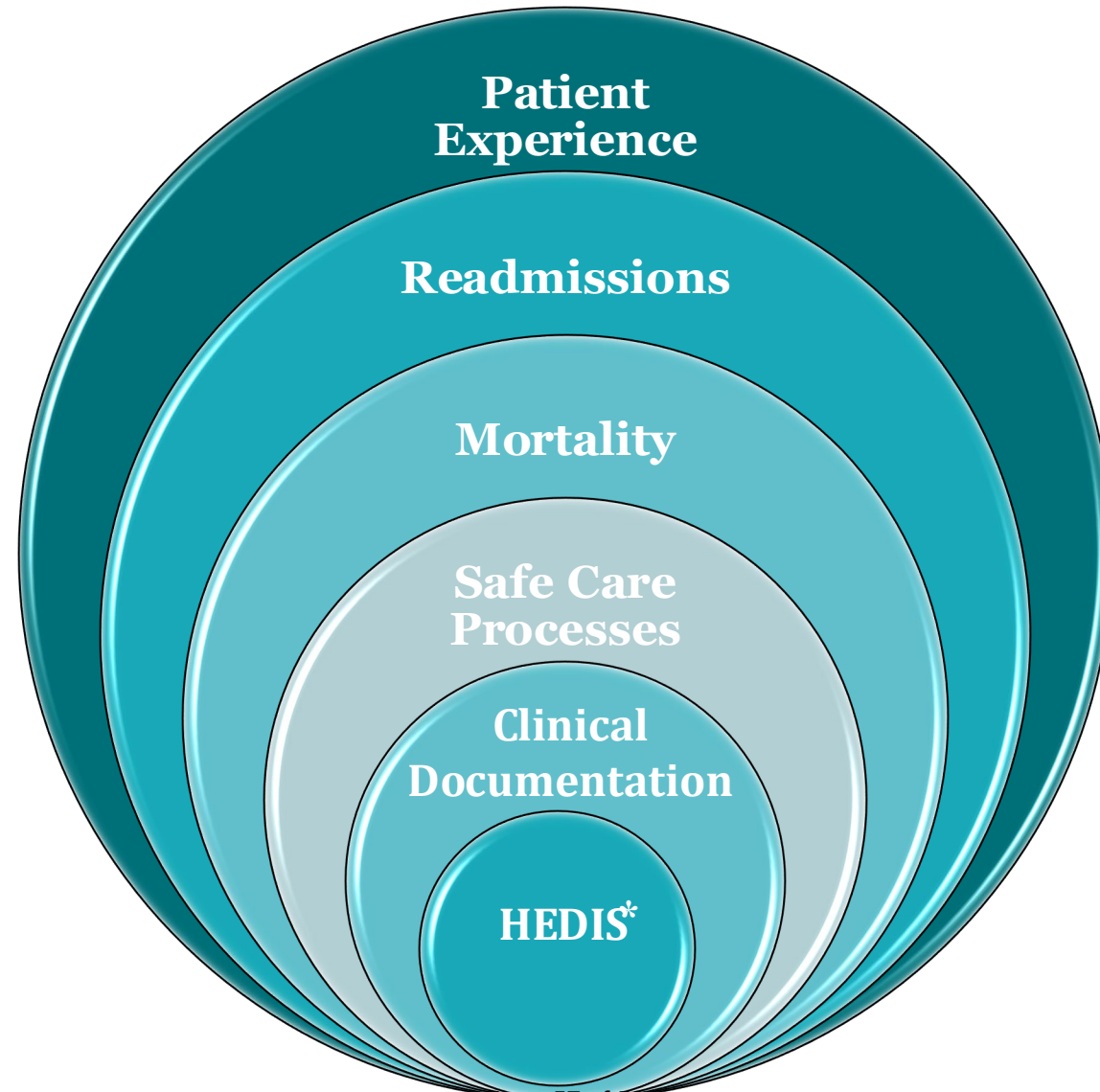
Designing the Work Processes

HPI Plan in 2019

DRAFT

Operationalize and Reinforce Leader Methods	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
	Safety First Every Meeting	Hold Daily Safety Huddles	Round to Influence	Hold Daily Department Huddles			Fair and Just Accountability with 5:1 Feedback	Safety First In Every Decision	Protect those who Speak-Up	Safety Top 10, Action Planning, Learning Boards		
	Observe and Coach to Leader Methods – Habit Formation (HPI Assist CCHHS Leaders)											
Reinforcing Safety Behaviors	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
		ARCC and Event Reporting	STAR	Clarifying Questions	Peer Check	Validate Verify	3-Way Repeat Back and Read Back	Phonetic and Numeric Clarifications	SBAR	Know Why and Comply	Peer Coaching Using 5:1 Feedback	
	5 Tones: Smile & Greet, Introduce & Explain Roles, Listen with Empathy, Communicate Positive Intent, Provide Opportunities for Questions											
Design Our Work	QTR 1 (Jan-Mar)			QTR 2 (Apr-Jun)			QTR 3 (Jul-Sep)			QTR 4 (Oct-Dec)		
			Leader Methods Phase I Catch-Up	Leadership Methods Phase II Start	Leadership Methods Phase II Continue			Leader Methods TTT (Phase I and II)	Leader Methods TTT (Phase I and II) Validate	RISI Prep		
	Just Culture Design	Safety Coach Planning		Safety Coach Planning and Recruiting		Safety Coach Training (HPI) Page 56 of 58	Safety Coach Training (Joint)			Lessons Learned and Advanced Cause Analysis	RISI	

Six Quality Focus Areas 2019



Thank you.

